
Ethics Committees in Social Work

THERE IS CONSIDERABLE evidence that interest in the subject of professional ethics is on the rise in social work. Course content in social work training programs, workshops, and literature on the subject have increased substantially since the mid-1970s.¹ In part, this is due to increased awareness among social workers that decisions in practice often contain ethical issues that clinical and technical tools alone cannot resolve. Complex decisions about, for example, limitations on clients' right to confidentiality or self-determination, allocation of limited social service resources, and whistle-blowing have led social workers to seek guidelines to help them resolve hard ethical dilemmas. In addition, publicity about scandals, malpractice, and professionals' misbehavior has heightened social workers' interest in ethical issues. Recently, publications such as the *NASW News* have begun to publicize cases in which members have been sanctioned for unethical practices, and there has been a steady increase in the number of complaints filed with NASW committees on inquiry.²

Despite the fact that ethical issues in the profession have drawn considerable attention in recent years, few mechanisms exist to assist social workers who would like consultation on ethical matters. Although the profession's Code of Ethics is an important symbolic document, it was not designed to provide precise, unequivocal guidelines to practitioners who face difficult ethical choices.³ This is not a fault of the code's content, for no code of ethics can provide formulaic solutions to complex dilemmas. Codes of ethics are designed to highlight professional duties and obligations and general prescriptions and proscriptions. They cannot provide the detailed guidance that professionals require when faced with complex ethical decisions.

PROFESSIONAL ETHICS COMMITTEES

Practitioners in professions such as law, medicine, nursing, engineering, journalism, business, law enforcement, and the military have encountered similar difficul-

Frederic G. Reamer

Despite the substantial growth of interest in ethical issues in social work, consultation is generally unavailable to practitioners who encounter ethical dilemmas. This article discusses the recent introduction of ethics committees in human service agencies to educate staff, formulate policies, and review cases that contain complex ethical issues.

ties with their respective codes of ethics.⁴ As a consequence, professional agencies have begun to develop ethics committees to provide colleagues with an opportunity to consult with one another about ethical issues in practice.⁵ In hospitals, for example, institutional ethics committees (IECs) have existed for a number of years to provide opportunities for health care professionals to exchange ideas about ethical issues. In the 1920s, special hospital committees were established to review decisions about the sterilization of patients, and in the 1950s and 1960s, a number of hospitals formed committees to examine decisions related to abortion. In addition, institutional review boards (IRBs) to review ethical issues related to biomedical research and the use of human subjects have existed in hospitals for two decades now.⁶ IRBs have since been established in a variety of public and private organizations, such as colleges and universities, state and federal agencies, and private rehabilitation programs.

The concept of IECs emerged most prominently in 1976, when the New Jersey Supreme Court ruled that Karen Anne Quinlan's family and physicians should consult an ethics committee in deciding

whether to remove her from life-support systems. The court based its ruling in part on a seminal article that appeared in the *Baylor Law Review* in 1975, in which a pediatrician advocated the use of ethics committees in cases when health care professionals faced difficult ethical choices.⁷

A major endorsement of ethics committees was issued in March 1983 by the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. The report of the commission suggested that health care institutions experiment with ethics committees in an effort to improve the quality of decision making related to clinical care (especially decisions about whether to forgo life-sustaining treatment). It was subsequently applauded by many medical groups, such as the American Academy of Pediatrics and the American College of Hospital Administrators, that viewed this recommendation as an alternative to the type of regulations proposed by the U.S. Department of Health and Human Services following the notorious Baby Doe case.⁸

ETHICS COMMITTEES IN SOCIAL WORK

The issues brought to the attention of ethics committees in health care settings are not unlike those that arise in social work generally. Social workers routinely face issues related to the treatment of clients, agency policy and administration, and relationships with third parties for which agency-based ethics committees can provide useful consultation. In principle, social work ethics committees can serve several functions:

Education

Among the most important functions is that of educating staff about ethical issues particularly relevant to the host agency. Sessions might be devoted specifically to issues that arise in the delivery of clinical services to individuals, families, and groups (for example, limits of the right to confidentiality and self-determination), truth telling, informed consent, and the

implications of privileged communication statutes. Under what circumstances is it permissible to disclose against a client's wishes confidential information in a court of law? What limits can be placed on a client's right to self-determination, especially if he or she is engaging in self-destructive behavior? Is it ever justifiable to withhold information from a client or to deceive a client for his or her own good? Is a social worker permitted to disclose privileged information when subpoenaed by an officer of the court?

Other sessions might concentrate on ethical issues germane to agency policy and administration, such as the handling of personnel grievances; the use of coercion with clients; criteria for allocating scarce agency resources, such as program funds, workers' time, or beds; compliance with a local law or agency policy; or whistle-blowing in response to unethical practices by agency staff. For example, under what circumstances are staff expected to report to supervisors wrongdoing committed by colleagues? Should scarce resources be distributed based on need, equality of opportunity, or affirmative action principles? How should conflicts between agency policy and clients' interests be resolved?²⁹

Formulating Agency Policies

A related function concerns the formulation of agency policies and guidelines for use by staff who encounter ethical dilemmas. Thus, an ethics committee might develop detailed guidelines related to obtaining from clients in a drug rehabilitation program informed consent to treatment. An ethics committee in an agency that provides crisis intervention services, for example, might propose guidelines concerning the release of information to relatives or law enforcement officials. An ethics committee in an agency that provides services to the elderly might generate guidelines concerning the use of clients as research subjects.

Case Consultation

In some instances, staff may wish to call on the ethics committee for advice and consultation regarding a specific case. Social workers typically seek advice and consultation on ethical matters informally from colleagues and supervisors who may not have expertise or training in ethical issues in the profession. An ethics committee can offer an opportunity for staff to think through case-specific issues with colleagues who, in principle, have more thorough knowledge of ethical issues in social work as a result of their experiences,

familiarity with literature on professional ethics, and specialized training in the area.

Few agencies require that their staff consult with an ethics committee or follow its recommendations. Rather, most ethics committees offer consultation to staff who wish it, with the understanding that the committee's aim is to provide information and opinions, not a mandatory prescription or binding solution.¹⁰ In this respect, most ethics committees are advisory.¹¹

Case Review

In addition to providing consultation to staff in advance of a decision, ethics committees can also provide a valuable service to staff who wish to examine a case retrospectively. One of the distressing features of social work practice is that situations that are ethically complex cannot always be anticipated in advance. Occasionally, crises arise that demand immediate decisions. Ethics committees thus can provide a forum for staff to review after-the-fact the ways in which ethical dilemmas were handled when the press of time did not permit thoughtful deliberation.

COMPOSITION OF COMMITTEES

The membership of an ethics committee will depend in large part on the nature of the host agency. An agency comprised primarily of social work staff may not be in a position to form an interdisciplinary committee unless it draws on individuals from outside the agency. Agencies that employ interdisciplinary staff, such as hospitals and many residential treatment centers, ordinarily seek to represent the respective professions. Institutional ethics committees in hospitals, for example, frequently include physicians, social workers, nurses, clergy, administrators, attorneys, and psychologists. Many committees also include a lay person not on the agency's staff, such as a client or community representative.

Many ethics committees have also found it valuable to include someone who is trained in the subject of ethics. Often this is a philosopher who has a special interest in professional ethics and who has formal training in the methods of ethical analysis. As Freedman has noted in his reflections as a philosopher who is a member of an ethics committee,

An ethics group needs somebody who is used to analyzing issues, someone who can identify relevant points and recognize red herrings. And they need someone sufficiently well read in the literature to be able to confront the group

with the best arguments for and against proposed ethical positions.¹²

Because ethics committees frequently are interdisciplinary and include representatives from a variety of administrative and line-staff positions, it is important for members to acknowledge the possibility of conflicts among their vested interests. For example, whereas an agency social worker may be inclined to advocate primarily in behalf of clients, an administrator may feel obliged to protect the interests of the agency. Attorneys employed by an agency also pose a special problem, because of their tradition-bound duty to uphold the interests of their client first and foremost.¹³ An option some ethics committees have used to avoid such conflicts is to invite staff to participate as advisors rather than as full members.¹⁴

It is especially important for committee members to acknowledge that often they will not reach consensus. This is not, as it might appear, a defect in the functioning of ethics committees. It is unrealistic to expect that a group of professionals, especially when they represent different disciplines, will always agree on matters that are as complex as ethical issues tend to be. One can argue, in fact, that if consensus is consistently achieved, such consensus is either artificial and deceptive or the committee is not examining critically the issues that come before it. These issues are often complex and controversial. The fact that they could not be resolved prior to being presented to an ethics committee indicates that they do not lend themselves to simple or obvious solutions. Thus, it is reasonable to expect that these issues typically would generate significant differences of opinion and disagreement among committee members. To push for consensus thus might camouflage important differences of opinion and might also promote the mistaken impression that the mission of the ethics committee is to make decisions for staff, clients, and other concerned parties, when such may not be its purpose.¹⁵

ETHICAL ANALYSIS

In most settings, the ethics committee will not seek either to arbitrate or mandate, but will serve for the benefit of both staff and clients as a forum for thoughtful and constructively critical discussion of difficult issues in ethics. On occasion, a committee may mediate disputes. In such a capacity, it is important that all committee members be trained to appreciate the nature of philosophical analysis of and discourse about ethical issues. Although

moral philosophers themselves often do not agree on the most desirable course of action when ethical decisions are called for, they tend to agree on the major lines of argument and the principles of ethics that can be applied in case studies. The major schools of thought in moral philosophy have been evolving for centuries, and their strengths and weaknesses are well documented.¹⁶ Moreover, since the early 1970s, philosophers have specialized in the application of ethical theory and principles to the analysis of ethical dilemmas that professionals face.¹⁷

Perhaps the most challenging task facing ethics committee members in social work is to develop the ability and wherewithal to choose among conflicting professional duties and obligations. The hard ethical choices are not those between an action that is morally right (such as respecting a client's right to confidentiality) and one that is morally wrong (gossiping about a client). Rather, they typically entail a forced choice between two actions that we ordinarily consider morally right or obligatory, or two actions that we ordinarily consider morally wrong. For example, social workers ordinarily respect (1) clients' right to self-determination and (2) agency rules and regulations. If, in a worker's judgment, an agency regulation interferes with a client's right to self-determination (for instance, if regulations developed by the director and board of a residential treatment program do not permit residents to refuse certain therapeutic measures), the worker faces a difficult ethical choice. From the worker's point of view, either the client's right to self-determination or the agency's regulation must take precedence in the matter.

Such choices are characteristic of the sorts of issues that come to the attention of ethics committees. Codes of ethics by themselves often cannot resolve ethical conflicts, and agency policies and regulations frequently do not contain sufficient detail to address complex ethical issues adequately.¹⁸ What is often required is a systematic analysis of the nature of professional obligations, conflicts among them, and criteria that can be used in deciding which should take precedence when a choice is forced. Members of ethics committees must therefore become acquainted with the variety of positions that prevail concerning the resolution of conflicts among professional duties.¹⁹

LIMITATIONS

It is important for social workers to keep in mind that there are risks accompanying

the substantial contributions ethics committees make to the quality of care provided in human service agencies. These risks primarily concern issues of influence, neutrality, and efficacy.

Influence

The vast majority of agency ethics committees are advisory. They are neither designed nor do they seek to impose their members' beliefs on staff, clients and their families, or other parties. Nonetheless, the very existence of an ethics committee, especially a visible and active one, may lead staff, clients, and others to assume that its role is more than advisory and that the product of its deliberations is binding. Members of ethics committees may also have a mistaken view of a committee's function, and untoward pressure may be brought to bear on staff and clients as a result. Social workers ordinarily believe that clients ought to assume the principal responsibility for decisions that affect their lives. It is thus important that the formation of ethics committees not lead to an abrogation of this responsibility or to interference with clients' autonomy. Similarly, ethics committee members must ensure that their activities do not lead to gratuitous meddling in clients' lives. Committees will sometimes need to gather information from clients and probe into sensitive areas of their lives in order to render sound, informed opinions. Yet, there is a fine line between collecting pertinent data and unwarranted intrusion.

Of course, there is also the possibility that the advisory, rather than binding, nature of an ethics committee's function may dilute its influence with staff and clients. If its goal is merely to provide consultation and if its members are not expected to reach consensus, there is a danger that the committee's recommendations will lose their forcefulness. Committee members themselves may lose some incentive to debate the issues with vigor and conviction. To avoid this pitfall, prospective committee members must be selected in part because of their clear understanding of the committee's advisory function and of the value of sustained discussion about ethical matters that does not always lead to consensus. Freedman's comments on this point, based on his participation in the Ethics Consultation Service at the Foothills General Hospital in Calgary, Canada, are cogent:

The ... danger confronting this group is a degeneration into indecisiveness or bland compromise. Imagine for a moment that you are a member of the

group, and you will begin to sense the temptation to temporize and to commit intellectual ambidexterity ("On the one hand ... on the other hand ..."). Anyone who advises a person who must make a decision of great moment is prey to the same temptation. (Harry Truman used to complain that he needed a one-handed lawyer.) The only way to avoid indecisiveness is to choose members who have done some thinking about a particular area and have arrived at some settled convictions. But the delicate tension between being opinionated and being an ethical *tabula rasa* must be preserved. A member must be knowledgeable and principled, but at the same time openminded.²⁰

Neutrality

In principle, ethics committees aim to provide consultation that is free of influence from the vested interests of their members. Cases are to be reviewed based on their merits. In practice, however, it is sometimes difficult for committee members to abandon their loyalties and commitments to the parties and interests they represent as part of their day-to-day responsibilities. Thus, a social worker on the committee may have some difficulty balancing his or her ordinary obligations to clients with the neutrality that may be expected of committee members. As noted earlier, a particular risk is that an ethics committee may ultimately be used to protect the interests of its host agency. Annas has argued, for example, that a number of hospital ethics committees were established essentially to protect their respective institutions and that it is naive to expect that committees will be altruistic consistently, concerned only with client welfare.²¹

A related problem concerns the possibility that over time an ethics committee may become dominated by an ideological faction or a particular professional group. Diversity on committees is not always a virtue; however, in the case of ethics committees, it is essential to ensure that the committee does not serve merely to endorse the views of like-minded colleagues.²²

Efficacy

Although ethics committees generally have encouraged agency staff to increase their awareness of ethical issues in professional practice, there is a danger that the availability of an ethics committee may lead some staff to set aside their responsibility to reflect carefully on these issues. This is especially likely if a committee assumes too much authority and isolates itself from agency staff and clients. In time,

staff and clients may begin to assume erroneously that ethical deliberations should be carried out only by the ethics committee. At the other extreme, ethics committees must avoid diffusing responsibility for ethical consultation so widely that staff and clients are left to feel as if no one is assuming primary responsibility for it.

The formation of an ethics committee does not necessarily need to lead to expansion of an agency's bureaucracy or organizational chart. In a number of agencies, these functions have been assumed by an existing committee, such as a director's advisory committee. What is important is that some committee within an agency be charged with providing consultation on ethical matters and that its members are knowledgeable about these issues. Whether this is best done under the auspices of an existing committee or a newly created one depends on the nature and efficacy of committees extant in the host agency.

FINAL THOUGHTS

There is ample evidence that the formation of ethics committees in professional agencies and institutions has helped to alert both staff and clients to ethical issues related to the delivery of services. Committees have served to educate, advise, formulate policies, and review cases that contain complex ethical issues. Though the majority of ethics committees currently exist in health care, their methods and procedures can be adapted to a variety of other settings in which social work services are provided, including family service agencies, community mental health centers, residential treatment programs, public social service and welfare departments, schools, and multiservice centers.

Although it is tempting to applaud the accomplishments of existing ethics committees and to encourage the introduction of such committees throughout the profession, it is important for social workers to appreciate that ethics committees cannot replace individual practitioners in their responsibility to reflect on ethical aspects of their work. Ethics committees can help to raise issues and examine them critically. They can provide informed judgments and advice. Ultimately, however, individual social workers have the responsibility to recognize the relevance of ethical considerations to their professional duties. As Jonsen has observed, guidelines provided by ethics committees

are not the modern substitute for the Decalogue. They are, rather, shorthand moral education. They set out the concise

definitions and the relevant distinctions that prepare the already well-disposed person to make the shrewd judgment that this or that instance is a typical case of this or that sort, and, then, decide how to act. Good guidelines will reflect the body of critical opinion that thoughtful persons have produced about a problem.²³

The recent dramatic growth of interest in ethical issues in social work is encouraging. It signifies an increased awareness among practitioners that their professional judgments often rest on complex value and ethical considerations that warrant attention. Unfortunately, the recent growth of interest in social work ethics also reflects greater awareness that the profession's members do not always behave virtuously and that ethical standards need to be enforced. Now that the profession is paying significant attention to these issues, it is time for the profession to introduce forums that enable social workers to reflect on the issues carefully and systematically.

Frederic G. Reamer, Ph.D., is Associate Professor, School of Social Work, Rhode Island College, 600 Mt. Pleasant Avenue, Providence, RI 02908.

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